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	Division of Corporations		,	,
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	Account Name : BURKE FAULKNER	LAW, P.A.		•
	Account Number : I20150000064			•
	Phone : (727)781-7428			•
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Corporate Filing Menu

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H19000034012.3

## WRITTEN CONSENT ACTION OF THE MEMBER AND MANAGER OF COLLABORIZE SOLUTIONS, LLC

This Written Consent Action is in lieu of a special meeting of the Member and Manager of COLLABORIZE SOLUTIONS, LLC (the "Company"), which would otherwise be held pursuant to a call and notice of meeting made in the manner specified by the Florida Limited Liability Company Act, Chapter 605, Florida Statutes, and the Company's Operating Agreement, and as specifically provided for by Section 605.04073(4), Florida Statutes. This Written Consent Action shall have the effect of a meeting vote, and shall be filed with the minutes of proceedings of the Member and Manager of the Company.

	The purpose of this Written Consont Action is to authorize a name change.	2019
	Now, therefore, it is agreed:	JAN
	RESOLVED, that the Company file an Amendment to its Articles of Organization, changing its name to COLLABORGISTICS, LLC, copy of satisfament attached, and that the same he filed with the Secretary of State, State of Florida, at the carliest opportunity.	131 PH12: 56
Jan	The action contained herein shall be effective as of the / day	of
heso p	IN WITNESS WHEREOF, the Member and Manager of the Company have cause resents to be signed this 129 day of January 2019.	cd
	Member:	

Manager:

ALAN C. RUSHING

H19000034012 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLLABORIZE SOLUTIONS			
(Memo of Hull)	usiles Liability Commune at It now an (A Plotide Limited Liability Compu-	ia) Deura on our records:	
he Articles of Organization for this Limited	Liability Company were filed on	OCTOBUR 3, 2017	and assignc
lorlda document number 1,17000204949	·	•	
his amendment is submitted to amend the fo	ollowing:		
. If amending usine, <u>outer the new painc</u>	of the limited liability company	hore:	
COLLABORGISTICS, LLC			_
th statuce but aldakkingtifish of form arran west of	words "Limited Liability Company," th	e designation "L)_C" or t	tre abbreviation "L.L.C."
nter new principal offices address, if app	licables		<u> </u>
Principal office address MOST BE A STRI			F. 2
·			350
			그 유 교
uter new molling address, if applicable:			15 2 C
Adding address MAY BE A POST OFFICE	A ROX)		<u> </u>
If nmending the registered agent an gistered agent and/or the new registered.  Numo of New Registered Agent:		on our records, <u>eu</u>	ter the name of th
New Registered Office Address:	165 Hiddon Brook Drive, Unit C		
Now hope letted Office address.	Bnier F	Invida sirent address	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Pelin Herbor	Florida	34683

## 1

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Fax 7272142814

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = M$	lunager Authorized Member		
Title	Name	Address	Type of Action
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			Change
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Alan C. Rushing			
Alan C. Rusidng			

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